

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Ph. Coir-62-037577

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 79

STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Lamar

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Barton Co. Mem. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Barton

c. CITY OR TOWN Golden City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

none

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
DAVID THEODORE DISNEY4. DATE OF DEATH Month Day Year
Oct. 24 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/15/04

9. AGE (last birthday)

58

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Station Operator

10b. KIND OF BUSINESS OR INDUSTRY

Own Station

11. BIRTHPLACE (City and state or country)

Beaver Co. Okla.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

David Disney

13b. MOTHER'S MAIDEN NAME

Myrtle Hipshire

14. NAME OF HUSBAND OR WIFE

Charlotte Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Cecil Disney, Golden City, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Cardio-vascular
Disease & Corneas Decomposit 2-3 wks.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arrested Tuberculosis

PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 6, 1961 to October 24, 1962 and last saw him alive on Oct 24, 1962
Death occurred at 7:15 PM 10/24/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

U. R. Nain MD

22b. ADDRESS

Lamar Mo

22c. DATE SIGNED

11/1/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

10/24/62

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Golden City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Phillips Funeral Home, Golden City, Mo. 11-4-1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Morse Kanantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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JAN 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Luell Bugh

Licensed Embalmer No. 4251

P. O. Address Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.